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022869

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03/05/2002

GERON CORPORATION
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MENLO PARK, CA 94025

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Shari Hall White	(Depositor's name)
Shari Hall White	(Signature)
March 19, 2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/718,308	11/20/2000	Lakshmi Rambhatla	093/002	3507

TITLE OF INVENTION: HEPATOCYTE LINEAGE CELLS DERIVED FROM PLURIPOTENT STEM CELLS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
5	nonprovisional	YES	\$640	\$0	\$640	06/05/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
TON, THAIAN N	1632	435-370000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 J. Michael Schiff

2 David J. Earp

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Geron Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Menlo Park, California

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 15

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07/1139 (enclose an extra copy of this form).

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(Authorized Signature)

(Date) March 19, 2002

J. Michael Schiff, Reg. No. 80,253

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03/21/2002 HTECLL12 00000065 09718308

01 FC:242

02 FC:561

640.00 IP
45.00 IP

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